



# Santa Rosa County Sheriff's Office

Sheriff Bob Johnson



## CITIZEN COMPLAINT

Please Print

Date and time of this complaint: July 17, 2017 Incident #: N/A

Reference Complaint #: SI #17-078 Deputy Taking Complaint Captain Stearns (BS) ID #: 537

Complainant: Barbara  
First                            Middle                            Last Gibson

Address: \_\_\_\_\_  
Street                            City                            State                            Zip Code

Home Phone: N/A Work Phone: N/A Cell Phone: 850-723-0142

Date and time incident occurred: April, May, June 2017

Location/Address of occurrence: Unknown

Employee(s) involved in allegation(s): Deputy Russell Scott

Witness: \_\_\_\_\_  
Name                            Street Address                            City/State                            Home Phone                            Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): Complainant reported that Deputy Russell Scott owed back rent, and left the property dirty and in disarray when he and his family moved out of the residence.

*rbgibson@bellsouth.net*

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Findings: Investigation disclosed insufficient evidence to clearly prove or disprove the allegation (s).

Actions Taken: No action required.

Final Clearance:

<input type="checkbox"/>	Exonerated	Proper conduct. An incident occurred as described, but the member was found not to be negligent or at fault.
<input type="checkbox"/>	Sustained	(Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true.
<input checked="" type="checkbox"/>	Not Sustained	The investigation discloses insufficient evidence to clearly prove or disprove the allegation.
<input type="checkbox"/>	Unfounded	The investigation revealed sufficient facts to indicate that the incident did not occur.
<input type="checkbox"/>	Partially Sustained	The incident has two or more allegations, and at least one of the allegations is sustained.
<input type="checkbox"/>	Violation not based on original Complaint	Investigation discloses violation(s) not mentioned in the initial allegation.

Complaint Notification of Findings:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Witness: \_\_\_\_\_

(Per F.S.S. 117.10)